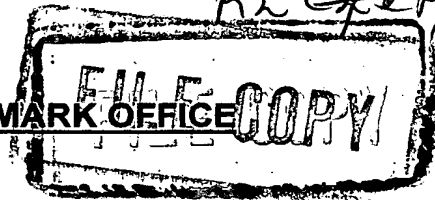




IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of

Luriya, Elena & Luriya, Leonid

Serial No. : 09/557,098

Art Unit: 1615

Filed : June 9, 2000

Examiner: Unknown

For: IMPROVED PERSONAL CARE FORMULATIONS

Commissioner for Patents
Washington, D.C. 20231

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REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicants respectfully request that the Assistant Commissioner issue a corrected Filing Receipt in view of the errors contained in the Filing Receipt. A copy of the Filing Receipt is attached hereto. Under "Applicant(s)" please make the following corrections:

Elena Luriya, Rehovot, ISRAEL;
Leonid Luriya, Rehovot, ISRAEL.

Under "Title" please make the following corrections:

Improved personal care formulations.

Applicant(s) respectfully request that the Assistant Commissioner issue a new Filing Receipt to include the above corrected title and applicants.

Respectfully submitted:

Date: 10/3/00

Rashida A. Karmali
Rashida A. Karmali
Reg. No. 43,705
Attorney for Applicants
230 Park Avenue
Suite 2525
New York, New York 10169
212-973-1459

Certificate of Mailing (37 C.F.R. 1.8)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : *Assistant Commissioner for Patents, Washington, D.C. 20231*, on (Date) October 3, 2000.

Type or print name of person using this certificate:

Name: Rashida Karmali

Signature: Rashida A. Karmali

Date of Signature: 10/3/00

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Page 1 of 3

LURIDENT.

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/557,098	04/21/2000	1615	500	101.2	1	30	2

Rashida A Karmall Esq
230 Park Avenue
Suite 2525
New York, NY 10169

FILING RECEIPT



OC000000005401519

Date Mailed: 09/15/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Elena Luriya, ~~Remove~~, ISRAEL;
Leonid Luriya, ~~Remove~~, ISRAEL;Rehovot
Rehovot

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 06/29/2000

** SMALL ENTITY **

Title

Personal care formulations

Improved Personal Care Formulations

Preliminary Class

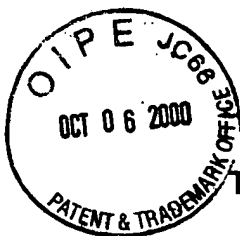
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Data entry by : RORIE, DEANNA

Team : OIPE

Date: 09/15/2000





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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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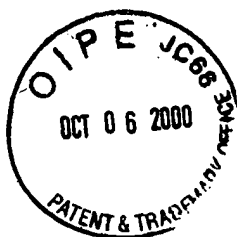
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Any corrections that may need to be done to your Filing Receipt should be directed to:



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Bib Data Sheet

SERIAL NUMBER 09/557,098	FILING DATE 04/21/2000 RULE -	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 101.2
APPLICANTS Elena Luriya, Rehovot, ISRAEL; Leonid Luriya, Rehovot, ISRAEL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/29/2000		** SMALL ENTITY **		
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 1	TOTAL CLAIMS 30
		INDEPENDENT CLAIMS 2		
ADDRESS Rashida A Karmall Esq 230 Park Avenue Suite 2525 New York ,NY 10169				
TITLE Personal care formulations				
FILING FEE RECEIVED 500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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